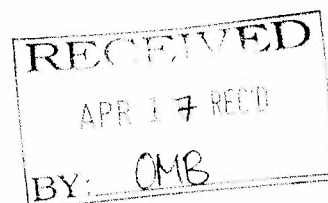


**MONROE COUNTY
HUMAN SERVICES ADVISORY BOARD
Application for Funding
Fiscal Year 2013
October 1, 2012 – September 30, 2013**

ORIGINAL

Agency Name	Florida Keys Outreach Coalition, Inc.
Physical Address	3154 Northside Drive, Suite 201
Mailing Address	Post Office Box 4767
City, State, Zip	Key West, Florida 33041
Phone	305-293-8189
Fax	305-293-8276
Email	FrBraddock@cs.com
Who should we contact with questions about this application?	Rev. Stephen E. Braddock

Amount received for prior fiscal year ending 09/30/11	\$30,000
Amount received for current fiscal year ending 09/30/12	\$34,000
Amount requested for upcoming fiscal year ending 09/30/13	\$43,667



Please Visit Us At:

www.FKOC.org

CERTIFICATION

To the best of our knowledge and belief, the information contained in this application and attachments is true and correct. Monroe County is hereby authorized to verify all information contained herein, and we understand that any inaccuracies, omissions, or any other information found to be false may result in rejection of this application. This certifies that this request for funding is consistent with our organization's Articles of Incorporation and Bylaws and has been approved by a majority of the Board of Directors.

We affirm that the Agency will use Monroe County funds for the purposes as submitted in this Application for Funding. Any change will require written approval from the Monroe County Board of County Commissioners.

We understand that the agency must substantially meet the eligibility criteria to be considered for Monroe County funding and that any applicable attachments not included disqualify the agency's application.

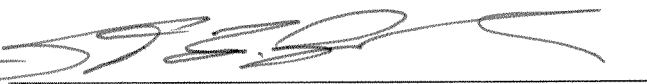
We understand that all funding received through this opportunity must be spent for the benefit of Monroe County.

We further understand that meeting the Eligibility Criteria in no way ensures that the agency will be recommended for funding by the Human Services Advisory Board. These recommendations are determined by service needs of the community, availability of funds, etc. HSAB funding recommendations must be approved by the Monroe County Board of County Commissioners.

Typed Name of Executive Director:

Rev. Stephen E. Braddock

Signature



Title: President & CEO

Date:

3-29-12

Typed Name of Board Chairman:

Samuel J. Kaufman, Esq.

Signature



Title: Chairman

Date:

3-28-12

Detailed instructions for each question appear in the separate instruction document.

1. Insert your agency's board-approved mission statement below.

Our Mission is to provide homeless individuals and families with the resources and opportunities by which to attain residential, financial and personal stability and self-sufficiency. The FKOC further seeks to address the underlying causes of homelessness and work toward its elimination in Monroe County, Florida.

Our **Vision** is to be a model human service organization dedicated to eradicating homelessness by empowering individuals and families to grow toward reaching their full potential.

FKOC takes *CARE* to incorporate the following **Core Values** in all of our work:

Collaboration: We believe that effective communication, cooperation and teamwork, improves the quality of our work and the outcomes of those we serve.

Accountability: We are committed to consistently improve, expand and strengthen the quality, efficacy and cost-effectiveness of our programs as we build for the future and contribute toward the betterment of our community.

Respect: We value the diversity and uniqueness of the individual and believe in everyone's innate dignity and worth.

Empowerment: We are committed to helping homeless people to "begin again" and overcome their homelessness and its underlying causes by providing them with opportunities, resources and support within a safe environment and community of hope.

*We are committed to living out our core values in all our interactions with our clients, each other and the community.

2. List the services your agency provides.

FKOC provides homeless individuals and families with emergency shelter, transitional housing, permanent supportive housing for intact families, case management, outreach/referral, and a food pantry.

3. What specific services will be funded by this request?

Operations and supportive services for 122-beds of shelter at five facilities for homeless men, women and children. Specifically, toward costs of utilities, insurance, and family case management

4. Funding category:

If you have been previously funded by HSAB, do you request to have the HSAB consider changing your funding category? Please circle yes or no:

NO

If yes, please circle the new category for which you would like to be considered:

Medical Core Services Quality of Life

If you have not been previously funded, please circle the funding category that you believe best matches your services: Medical Core Services Quality of Life

5. Will County HSAB funds be used as match for a grant?

YES

6. If you answered "yes" to Question #5, please specify the following for each grant:

a. grant award title, granting agency, and purpose:

**-Homeless Continuum-of-Care, Supportive Housing Program
-United States Department of Housing and Urban Development
-Homeless transitional housing and supportive services**

b. grant amount:

\$175,879.00

c. match percentage requirement and amount:

35% = \$62,500

d. expected award date:

March 2012

7. If your organization was funded with HSAB funds last year, please briefly and specifically explain:

a. how the funds were spent

HSAB funds were used exclusively toward the costs of shelter utilities, insurance and client case management.

b. how they were used to leverage additional funding

HSAB funds were used to leverage Federal Funding through HUD and State Funding through the Florida Department of Children and Families.

8. Do you plan to allocate any part of this HSAB grant, if awarded, as a sub-grant to another organization? *If yes, please list the recipient(s), the purpose(s), and amount(s). Please make sure these are included on Attachment D, under "Grants to Other Organizations."*

No

9. Does your organization allocate sub-grants to other organizations using other sources (non County) of funding? *If yes, please list the recipient(s), the purpose(s), and amount(s).*
10. *Please make sure these are included on Attachment E, under "Grants to Other Organizations."*

No

11. Will you or have you applied for other sources of County funding? *If yes, please list source(s) and amount(s). Also be sure to reflect this information on Attachment F.*

No, not for 2012/13. Will apply to SSAFF for 2013/14

12. What needs or problems in this community does your agency address?

FKOC addresses the problems of homelessness; poverty; hunger; and substance abuse.

On any given day there are hundreds of individuals and families in the Florida Keys who are homeless, living and sleeping in the streets, the mangroves, vehicles, derelict vessels, or other inappropriate and dangerous places unfit for human habitation.

Tragically, the fastest growing subpopulation of homeless is children and families. Florida is home to 25% of our nation's homeless children.

Homelessness is a community problem, requiring community based solutions.

The Florida Keys Outreach Coalition for the Homeless (FKOC) responds to this community challenge by providing a proven and effective comprehensive approach to homelessness in Monroe County.

For over 20-years the FKOC's mission has been "to provide homeless individuals and families with the resources and opportunities by which to attain residential, financial and personal stability and self-sufficiency."

The FKOC offers a solutions oriented, holistic, multi-phase program which addresses the underlying causes of homelessness and not just the symptoms.

FKOC empowers clients to heal from the negative effects of substance abuse, domestic violence, mental illness, job loss, disability and other factors that individually or collectively may have been the trigger event that resulted in their becoming homeless.

13. What statistical data support the needs listed in Question #11?
(If applying for \$5,000 or less, a response is not required.)

Monroe County has the highest number of homeless per capita in the State of Florida as evidenced by an annual point-in-time census and data compiled for a report to the Governor by the Florida State Office on Homelessness under the Department of Children and families. The problem is exacerbated by the severe lack of affordable housing and extremely high cost of living.

The January 2011 Homeless Point-in-Time Survey conducted by SHAL reported a total of 1,287 homeless men, women and children in Monroe County. (Attachment Q). There are between 120-150 homeless individuals in Monroe County Detention on any given day. 25% of FKOC transitional clients were admitted as ex-offenders last year.

14. What are the causes (not the symptoms) of these problems?
(If applying for \$5,000 or less, a response is not required.)

The causes of homelessness in Monroe County are related primarily to addiction, mental illness, domestic violence, poverty, unemployment, physical illness or disability, lack of affordable housing, family break-ups, and most recently, foreclosures.

15. Describe your target population as specifically as possible.

Chronically Homeless	32%
Severely Mentally Ill	25%
Alcohol/Substance Abusers	87%
Veterans	23%
Victims of Domestic Violence	20%
HIV/AIDS	15%
Disabled	8%
Children	16%
Ex-Offender	25%

16. How are clients referred to your agency?

Clients are referred to FKOC from Monroe County Social Services, non-profit organizations, law enforcement agencies, Monroe County Detention Center, courts, faith communities, hospitals and clinics, and street outreach workers.

17. What steps are taken to be sure that prospective clients are eligible and that the neediest clients are given priority?

Clients in FKOC's Housing Programs are carefully and extensively assessed for eligibility during the intake process. Additionally, eligibility for access to mainstream social and health services is determined, with appropriate referrals then facilitated.

18. Describe any networking arrangements that are in place with other agencies.

FKOC has a very strong formal network of collaborating partners; most are members of the Southernmost Homeless Assistance League and participate in Monroe County's Continuum-of-Care for Homeless Services, including: Anchors Aweigh, AIDS Help, Key West Housing Authority, Monroe County Sheriff's Office, Monroe County Social Services, Florid Keys Children's Shelter, Public Defender's Office,

MARC House, Domestic Abuse Shelter, Key West Chamber of Commerce, Dept. of Children and Families, Helpline, Volunteers of America, State Attorney's Office, Samuel's House, Monroe County School Board, City of Key West, Catholic Charities, Guidance/Care Clinic, Wesley House, Key West Police Dept., U.S. Fellowship for Florida, Lower Keys Medical Center, DePoo Hospital, Florida Area Health Education Center, Rural Health Network, St. Mary's Soup Kitchen, St. Peter's Church, Metropolitan Community Church, Star of the Sea Mission, and others.

FKOC is a major participant in Monroe County's Homeless Management Information System, a web-based program designed to facilitate referrals and avoid duplication of services.

Formal Memorandums of Understanding to coordinate services and avoid duplication are in place between FKOC and the Domestic Abuse Shelter; Samuel's House; Guidance/Care Center and Florida Keys Healthy Start Coalition.

19. List all sites and hours of operation. Please note which of these sites will be using HSAB funding.

Administration Office:	M-F, 9am-6pm
Rossell Center for Homeless Women	24 hours HSAB
Neece Center for Homeless Recovery	24 hours HSAB
Sunshine House for Homeless Men	24-hours HSAB
Sunrich House for Homeless Men	24-hours HSAB
Sunflower House for Homeless Women	24-hours HSAB
Loaves and Fish Food Pantry	7-days, 9am-6pm
Total hours of annual operation:	56,370

20. What financial challenges do you expect in the next two years, and how do you plan to respond to them? *(If applying for \$5,000 or less, a response is not required.)*

***Monroe County remains seriously under funded by the U.S. Department of Housing and Urban Development. Homeless Supportive Housing funding has not increased since first funded in 1999 and will remain flat for the next fiscal year (2012-2013).**

***Florida State Challenge Grant funds have been completely eliminated by the legislature.**

***Funding cuts and reductions have been significant.**

At present, FKOC's most pressing financial challenge is to secure the local funds necessary to meet the required match for State and Federal Grants so as to sustain our current level of services.

21. What organizational challenges do you expect in the next two years, and how do you plan to respond to them? *(If applying for \$5,000 or less, a response is not required.)*

Ways and means to contain or reduce expenses are explored by the board and staff regularly and evaluated bi-monthly. Action steps already implemented for 2012/13 include:

- * No new positions added for 2012/2013.**
- * Wages remain frozen for 2012.**
- * No overtime permitted.**
- * Health insurance policy has been bid out resulting in lower premiums.**
- * General liability insurance has been bid out resulting in lower premiums.**
- * FKOC's payroll/human resources provider has been changed which resulted in significant cost savings.**
- * All facilities have "gone green" and been certified as such. Thousands of dollars are being saved as a result of "green grants" that have enabled FKOC to dramatically reduce utility expenses.**
- * Enhancing the energy efficiency of our facilities remains a high priority.**
- * Volunteer and in-kind labor is being maximized.**
- * Opportunities for grants from private foundations are continuously being identified and applied for.**

If there is a silver lining to the economic uncertainty, it is that our organization is going beyond survival mode to pursue fundamental improvements in strategy, finance, and service delivery.

The board and staff of FKOC are confident that with continued support from HSAB and other long established partners we will emerge from these tough economic times even stronger and able to continue to meet the growing needs of our communities most vulnerable.

22. How are clients represented in the operation of your agency?

A former homeless client serves on the FKOC board of directors (per Bylaws); the deputy director is formerly homeless. 12 members of the staff and live-in volunteer program monitors are formerly homeless graduates of the FKOC recovery program.

23. Is your agency monitored by an outside entity? If so, by whom and how often?
(If applying for \$5,000 or less, a response is not required.)

Yes, FKOC is monitored annually by the Department of Housing and Urban Development and semi-annually by the Florida Department of Children and Families.

24. 13,592 hours of program service were contributed by 32 volunteers in the last year.

25. Will any services funded by the County be performed under subcontract by another agency? If so, what services, and who will perform them?

No.

26. What measurable outcomes do you plan to accomplish in the next funding year?

80+% of all transitional housing clients will move to permanent housing; 12% will move in with family or friends; 90% will obtain employment within 30-days of entering

the program; 100% of adult clients will attend support groups and life skills training; 100% of adult clients will be monitored/tested daily for alcohol and/or substance abuse; 100% of transitional housing clients will be case managed and assessed for eligibility for mainstream benefits; 70% will exit the program with an increase in income status.

Note: Projected outcomes are based on actual outcomes for the period of February 1, 2011 through January 31, 2012. In 2011, 88% exited the program to permanent housing and 69% were gainfully employed and others receiving mainstream financial assistance.

27. How will you measure these outcomes?
(If applying for \$5,000 or less, a response is not required.)

Outcomes will be tracked using a web-based Homeless Management Information System (HMIS) which generates an Annual Progress Report for our Federal and State funders, and by reviewing client files.

28. Provide information about units of service below.
(If applying for \$5,000 or less, a response is not required.)

Service	Unit (hour, session, day, etc.)	Cost per unit (current year)
Housing & Supportive Svcs.	Day/Bed	\$17.55

27. In 300 words or less, address any topics not covered above (*optional*).

Overall Agency Program(s) Summary

Outreach & Referral

FKOC has operated an outreach office and toll-free hotline since 1994. We offer information and referrals to other service providers, counseling, and advocacy as well as assistance obtaining mainstream resources.

Emergency Shelter:

The Neece Center for Homeless Recovery is an Emergency Shelter with 20-beds for single men with alcohol or substance abuse issues, or other physical or mental disability.

Transitional Housing

FKOC's Poinciana Plaza four Transitional Housing facilities provide 102-beds for individuals and families, including single parents and intact families.

Permanent Supportive Housing

FKOC has recently designated two Permanent Supportive Housing units for families who have a long term need for support as the result of a family member's disability, whether a parent or child.

Food Pantry

The Loaves and Fish Food Pantry is a collaborative effort between FKOC and St. Peter's Episcopal Church. The pantry distributes non-perishable food, disposable diapers and personal hygiene items from two locations.

FKOC/Healthy Start

The homeless prenatal program was launched in November 2011 as a partnership between FKOC and the Florida Keys Healthy Start Coalition to provide 24-homeless pregnant women with housing and supportive services during the last two months of pregnancy and for three months post delivery.

Required Attachments

Required attachments were distributed to you as a separate document. Be sure to include these with your application. Please note: the required attachments A through F are only available in Microsoft Excel format. We require that you use this format, since it will automatically expand rows, generate totals and percentages, and align figures for easier reading. Please label each attachment with your organization name and attachment letter.

ATTACHMENT CHECKLIST

<u>LABEL AND ATTACH THE FOLLOWING IN THE ORDER SHOWN, AFTER THIS PAGE</u> IF NOT APPLICABLE, PLEASE SO INDICATE AND EXPLAIN	ATTACHED?		COMMENTS
	YES	NO	You must explain any "NO" answers
A-1. Current Board Information Form	X		
B. Agency Compensation Detail	X		
C. Profile of Clients, Client Numbers and Services (Performance Report)	X		
D. County HSAB Funding Budget	X		
E. Agency Expenses	X		
F. Agency Revenue	X		
G. Copy of Audited Financial Statement from most recent fiscal year (2011) if organization's expenses are \$150,000 or greater.	X		
H. Copy of filed IRS Form 990 from most recent fiscal year (2011)	X		
I. Copy of current fee schedule	X		
J. Copy of IRS Letter of Determination indicating 501 C 3 status & Copy of GUIDESTAR printout	X		
K. Copy of Current Monroe County and City Occupational Licenses	X		
L. Copy of Florida Dept. of Children And Families License or Certification		X	n/a - Not a Requirement
M. Copy of any other Federal or State Licenses		X	n/a - Not a Requirement
N. Copy of Florida Dept. of Health Licenses/Permits		X	n/a - FKOC is not regulated as a food service provider.
O. Copy of front page of Agency's EEO Policy/Plan	X		
P. Copy of Summary Report of most current Evaluation/Monitoring *	X		
Q. Data showing need for your program (See Question 12)	X		Monroe County CoC Point-in-Time Census
R. Other (specify) TWO PAGE LIMIT	X		2011 Program Report

* must include summary of deficiencies and suggested corrective action; may include your responses and actions taken.

2012

Florida Keys Outreach Coalition, Inc.

(enter your agency name in D-3 above and it will automatically appear in subsequent sheets)

[illegible]

****ATTACHMENT A 2 - EVIDENCE OF ANNUAL ELECTION OF OFFICERS** (Please attach a copy of the minutes of the meeting in which the most recent elections took place.)

Attachment A-2

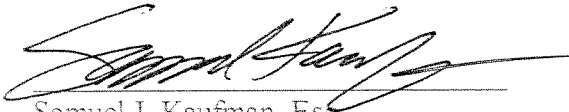
Florida Keys Outreach Coalition, Inc.

Board of Directors

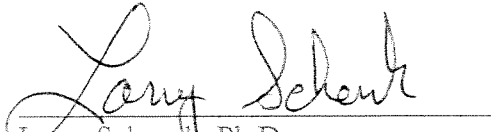
Motion: Electing Sam Kaufman, Jimmy Weekley, John Sangston and Larry Schenk to the positions of Chairman, V-Chairman, Treasurer, and Secretary respectively.

Made by: PAUL CLAYTON Seconded by: ERIC NICHOLS

8th Day of June, 2011



Samuel J. Kaufman, Esq.
Board Chair



Larry Schenk, Ph.D.
Board Secretary

[illegible]

2012

Florida Keys Outreach Coalition, Inc.

ADDITIONAL INFORMATION REQUIRED:

Please list or describe achieved measurable outcomes for your target populations:

ATTACHMENT D - COUNTY HSAB FUNDING BUDGET

2013

Florida Keys Outreach Coalition, Inc.

Show the proposed budget detail for the County HSAB funds requested.

The total must match with the total funding requested.

	Proposed Expense Budget for Upcoming Year Ending:	
	6/30/2013	
Expenditures	Total	%
Salaries - Program	28,061	0.642613415
Payroll Taxes - Program	2,830	0
Employee Benefits - Program	3,276	0
Salaries - Administrative		0
Payroll Taxes - Administrative		0
Employee Benefits - Administrative		0
Subtotal Personnel	34,167	78.2%
Postage		0
Office Supplies		0
Telephone		0
Professional Fees		0
Rent		0
Utilities		0
Repair and Maint.		0
Travel		0
Miscellaneous		0
Grants to Other Organizations		0
List others below		0
Insurance (Winstorm, Flood, etc)	4,500	10.3%
Relapse Prevention Drug Test Kits	5,000	11.5%
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
Total Expenses	43,667	100.0%

ATTACHMENT E - AGENCY EXPENSES

2013

Complete this worksheet for the entire agency.
Please round all amounts to the nearest dollar.

Florida Keys Outreach Coalition

	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	6/30/2013		6/30/2012	
Expenditures	Total	%	Total	%
Salaries - Program	267,468	36%	332,050	37%
Payroll Taxes - Program	27,096	0	34,223	0
Employee Benefits - Program	47,510	0	53,316	0
Salaries - Administrative	77,200	0	79,516	0
Payroll Taxes - Administrative	7,366	1%	7,654	1%
Employee Benefits - Administrative	9,984	1%	9,958	1%
Subtotal Personnel	436,624	59%	516,717	58%
Payroll/PEO Mgmt. Fees	8,400	1%	10,417	1%
Staff Training and Recertification	1,200	0%	1,200	0%
Stipends	2,000	0%	2,700	0%
Office Supplies/Equipment	6,000	1%	15,250	2%
Telephone/Communications	12,800	2%	14,630	2%
Professional Fees	5,500	1%	5,250	1%
Rent/Occupancy	2,662	0%	6,775	1%
Mortgage & Interest Expense	48,970	7%	36,102	4%
Utilities	90,700	12%	97,022	11%
Maintenance Repair & Supplies	16,360	2%	13,100	1%
Travel & Accomodations	3,650	0%	4,450	0%
Children's Playground/Cap. Improv.	17,538	2%	37,758	4%
Postage/Courier	2,600	0%	2,600	0%
Security/Alarm Service	235	0%	235	0%
Insurance/Liability, Winstorm, etc.	24,397	3%	22,954	3%
Hurricane Readiness/Generator	0	0	2,500	0%
Household Supplies	4,800	1%	6,800	1%
Passenger Vans/Expense	3,700	0%	2,628	0%
Client Services/Bus Passes	1,800	0%	1,400	0%
Fundraising Expense	6,000	1%	8,500	1%
Administration	11,036	1%	13,186	1%
KOTS General Operations	0	0	26,998	3%
Bulk Food Purchase	20,000	3%	23,000	3%
Outreach & Client Hygiene Supplies	1,200	0%	1,200	0%
Anti-Drug Abuse Program	15,000	2%	20,000	2%
Total Expenses	743,172	100%	893,372	100%
Revenue Over/(Under) Expenses	0		0	

ATTACHMENT F - AGENCY REVENUE

2013

Complete this worksheet for the entire agency.
Please round all amounts to the nearest dollar.
In-Kind will not be included in percentages or total.

Floriday Keys Outreach Coalition

	Proposed Revenue Budget for Upcoming Year Ending:			Projected Revenue for Current Year Ending:		
	6/30/2013			6/30/2012		
Revenue Sources	Cash	In-Kind	%-age of Total	Cash	In-Kind	%-age of Total
Monroe County HSAB	43,667		6%	34,000		4%
Children and Fam	100,000		13%	75,315		8%
M.C. Sheriff's Dept.	0		0%	0		0%
City of Key West (KOTS)	0		0%	99,273		11%
City of Marathon	0		0%	0		0%
Village of Islamorada	0		0%	0		0%
City of Layton	0		0%	0		0%
City of Key Colony Beach	0		0%	0		0%
Client fees	300,000		40%	300,000		34%
Donations	62,681		8%	141,743		16%
Sheriff Shared Asset	0		0%	7,946		1%
United Way	29,500		4%	13,750		2%
List all others below			0%			0%
			0%			0%
Client Transportation	1,800		0%	1,200		0%
Emergency Food & Shelter	0		0%	0		0%
SE Episcopal Charities	11,000		1%	9,500		1%
U.S. Dept. of HUD	188,324		25%	205,045		23%
Interest Income	1,200		0%	600		0%
City of Key West/Poinciana		661,570	0%		661,570	0%
FDLE / Byrne	5,000		1%	5,000		1%
			0%			0%
			0%			0%
			0%			0%
			0%			0%
			0%			0%
			0%			0%
			0%			0%
			0%			0%
			0%			0%
			100%			100%
Total Revenue	743,172	661,570		893,372	661,570	

FLORIDA KEYS OUTREACH COALITION, INC.

Financial Statements and
Supplementary Information

For the Year Ended
June 30, 2011

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SMITH, BUZZI & ASSOCIATES, LLC.
CERTIFIED PUBLIC ACCOUNTANTS
2103 CORAL WAY, SUITE 305
MIAMI, FLORIDA 33145
TEL. (305) 285-2300
FAX (305) 285-2309

JULIO M. BUZZI, C.P.A.
JOSE E. SMITH, C.P.A.

MEMBERS:
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT ON THE BASIC FINANCIAL STATEMENTS

To the Board of Directors
Florida Keys Outreach Coalition, Inc.:

We have audited the accompanying statement of financial position of Florida Keys Outreach Coalition, Inc. (a non-profit organization), as of June 30, 2011, and the related statement of activities and changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of Florida Keys Outreach Coalition, Inc.'s management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America, Government Auditing Standards, issued by the Comptroller General of the United States and the provisions of Office of Management and Budget Circular A-133, "Audits of States, Local Governments and Non-Profit Organizations". Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Florida Keys Outreach Coalition, Inc. as of June 30, 2011 and the results of its operations and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with Government Auditing Standards, we have also issued a report dated October 18, 2011 on our consideration of Florida Keys Outreach Coalition, Inc's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grants.

Our audit was made for the purpose of forming an opinion on the basic financial statements taken as a whole. The additional information on pages 15 to 23 as of June 30, 2011, including the Schedule of Financial Assistance are required by the U.S. Office of Management and Budget Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations", and are presented for additional analysis and are not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Smith, Burgin & Associates, LLC.

October 18, 2011

FLORIDA KEYS OUTREACH COALITION, INC.

Statement of Financial Position

June 30, 2011

Assets

Cash - checking & savings	\$ 112,542
Cash - restricted	85,830
Grants and accounts receivable - FKOC Program	15,945
Prepaid expenses	<u>12,576</u>
	<u>226,893</u>
Fixed Assets	
Property and equipment	1,040,082
Less: Accumulated Depreciation	<u>(262,356)</u>
Total fixed assets	<u>777,726</u>
Total assets	<u>\$1,004,619</u>

Liabilities and Net Assets

Accounts payable and accrued expenses, including accrued interest	\$ 23,575
Line of credit	-
Notes payable	<u>479,408</u>
Total liabilities	<u>502,983</u>
Net assets	
Temporarily restricted	(276,090)
Permanently restricted	<u>777,726</u>
Total net assets	<u>501,636</u>
Total liabilities and net assets	<u>\$1,004,619</u>

See accompanying notes to financial statements.

FLORIDA KEYS OUTREACH COALITION, INC.

Statement of Activities

For the Year Ended June 30, 2011

Changes in Net Assets:

Public support and revenue:

Grants	\$ 563,064
HUD program grants	<u>168,409</u>
Total grant revenues	<u>731,473</u>

Revenue:

Residential fees	295,451
Donations, including foundations	103,058
Donated facilities	661,570
Interest income	531
United Way	<u>8,644</u>
Total revenue	<u>1,069,254</u>

Total public support and revenue 1,800,727

Expenses:

Salaries, wages, benefits and contractor services	642,048
Payroll processing and related payroll taxes	<u>73,591</u>
Total salaries and related expenses	<u>715,639</u>

Residential food services	10,562
Keys overnight temporary shelter operations	46,981
Expanded outreach initiatives	15,666
Relapse prevention/ Drug test kits	10,771
Resource development/Conferences meetings	3,273
Occupancy	7,556
Household supplies	10,172
Client services	2,264
Maintenance supplies and repair expense	9,397
Van operating costs	3,805
Donated facilities	661,570
Utilities	86,886
Insurance	26,360
Interest expense	21,019
Telephone communications	13,422
Office supplies and equipment	7,307
Postage and courier	1,913
Travel vouchers	1,875
Dues and subscriptions	2,411
Fundraising expenses	7,949
Other operating expenses	<u>4,750</u>
	<u>955,909</u>

Total functional expenses 1,671,548

See accompanying notes to financial statements.

FLORIDA KEYS OUTREACH COALITION, INC.

Statement of Activities

For the Year Ended June 30, 2011

Administrative:	
Bank charges	\$ 752
401(k)	325
Professional fees	4,481
Other administrative	<u>6,378</u>
Total administrative	<u>11,936</u>
 Total expenses before depreciation	 1,683,484
 Depreciation	 <u>19,800</u>
Total expenses	<u>1,703,284</u>
 Increase in net assets	 97,443
Net assets, beginning of year	<u>404,193</u>
Net assets, end of year	\$ <u><u>501,636</u></u>

See accompanying notes to financial statements.

FLORIDA KEYS OUTREACH COALITION, INC.

Statement of Cash Flows

For the Year Ended June 30, 2011

Cash flows from operating activities:	
Increase in net assets	\$ 97,443
Adjustments to reconcile decrease in net assets to net cash provided by operating activities:	
Depreciation	19,800
(Increase) decrease in assets:	
Receivables and other assets	971
Increase (decrease) in liabilities:	
Accounts payable, accrued expenses and deferred support	<u>1,053</u>
Net cash used by operating activities	<u>119,267</u>
Cash flows from investing activities:	
Acquisition of property, equipment and furniture	<u>(38,299)</u>
Net cash used by investing activities	<u>(38,299)</u>
Cash flows from financing activities:	
Net note payable (repayments) borrowings	(13,196)
Repayments on line of credit, net	<u>-</u>
Net cash used by financing activities	<u>(13,196)</u>
Net decrease in cash	67,772
Cash, at beginning of year	<u>130,600</u>
Cash, at end of year	<u>\$ 198,372</u>
Supplemental disclosure information:	
Interest paid	<u>\$ 21,019</u>
Income taxes paid	<u>\$ -</u>

See accompanying notes to financial statements.

FLORIDA KEYS OUTREACH COALITION, INC.

Notes to Financial Statements

June 30, 2011

(1) Summary of Significant Accounting Policies

(a) Organization

The Florida Keys Outreach Coalition, Inc., ("FKOC") emerged from a grass roots initiative started in 1986 to respond to homelessness in Monroe County, Florida.

Incorporated in 1992 as a federal 501(c)(3) non-profit organization, FKOC is the county's largest provider of emergency shelter, transitional housing and supportive services for homeless individuals and families. FKOC provides the resources and opportunities by which to attain residential, financial and personal stability and self-sufficiency.

FKOC established an outreach center in 1994 offering information, referral and advocacy services. The first shelter was opened in 1995 to provide housing and case management for sixteen (16) homeless men in recovery from alcohol or substance abuse.

After the successful transfer of excess military property to the City of Key West, FKOC acquired two (2) former Navy Housing facilities in 1999 and converted them into transitional housing for single men. Two (2) additional buildings were secured in 2000 for homeless women and women with children. These four (4) buildings, located at Poinciana Plaza, are leased to FKOC by the City of Key West for a term of fifty (50) years at one dollar (\$1.00) per year.

The Loaves and Fish Food Pantry was opened in 2000 to provide needy individuals and families with non-perishable food, disposable diapers, and personal care items.

In 2003, FKOC purchased a residential group home, expanding the men's residential program to include twenty (20) additional beds. An outreach office was also created at the new location, now known as the Neece Center for Homeless Recovery, and the Loaves and Fish Food Pantry re-located there from its initial rented facility. A second distribution site was established at St. Peters Episcopal Church.

In collaboration with the City of Key West, FKOC assumed management of the Keys Overnight Temporary Shelter (KOTS) in 2004, providing emergency shelter, showers and outreach for the chronically homeless. Effective October 1, 2011, this collaboration agreement was terminated.

FLORIDA KEYS OUTREACH COALITION, INC.

Notes to Financial Statements

June 30, 2011

(1) Summary of Significant Accounting Policies - (Cont.)

(a) Organization - (Cont.)

At present, FKOC offers seventy (70) transitional beds in three (3) facilities for homeless men; fifty-six (56) transitional beds for a mix of homeless women and children; and one-hundred twenty six (126) emergency beds (with an additional twelve(12) overflow beds) for chronically homeless adults.

89% of clients in FKOC's transitional housing program exited to permanent housing during 2011.

Funding was obtained in 2009 for major renovations of the four (4) transitional housing facilities at Poinciana Plaza. The project was completed in August 2010.

In 2008, FKOC purchased a vault at Key West Cemetery for the cremated remains of more than 300 homeless persons who die without the means for proper disposition.

FKOC's first endowment fund was created in 2008 under the management of the Community Foundation of the Florida Keys.

In May of 2011, FKOC entered into a formal memorandum of understanding to collaborate with the Florida Keys Healthy Start Coalition (FKHSC) to implement a new program designed to provide homeless pregnant women with transitional housing and supportive services, including health care and case management. This privately grant funded pilot program intends to serve 24 homeless expectant mothers during the last two months of their pregnancies and for three months post delivery.

(b) Basis of Presentation

The financial statements of FKOC have been prepared on the accrual basis of accounting and conform to accounting principles generally accepted in the United States of America as applicable to not-for-profit organizations.

FKOC has adopted statement of Financial Accounting Standards (SFAS) No. 117, "Financial Statements of Not-for-Profit Organizations". Under SFAS No. 117, FKOC is required to report information regarding its financial position and activities according to three classes of net assets, based upon the existence or absence of donor-imposed restrictions. As permitted by these standards, FKOC does not use fund accounting. The present classes of net assets are reported as follows:

FLORIDA KEYS OUTREACH COALITION, INC.

Notes to Financial Statements

June 30, 2011

(1) Summary of Significant Accounting Policies - (Cont.)

(b) Basis of Presentation - (Cont.)

- *Unrestricted Net Assets* - Net assets that are not subject to donor-imposed stipulations.
- *Temporarily Restricted Net Assets* - Net assets subject to donor-imposed stipulations that may or will be met either by actions of FKOC and/or the passage of time. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of activities as net assets released from restrictions.
- *Permanently Restricted Net Assets* - Net assets subject to donor-imposed stipulations that FKOC maintain them permanently. Generally, the donors of these assets permit FKOC to use all or part of the income on any related investments for general or specific purposes.

The costs of providing the various programs and other activities have been detailed in the accompanying statement of Activities and Changes in Net Assets.

Salaries and other expenses which are associated with a specific program are charged directly to that program. Salaries and other expenses which benefit more than one program are allocated to the various programs based on the relative costs incurred. Administrative and other support expenses are allocated to the various programs based on each program's salary expense.

FLORIDA KEYS OUTREACH COALITION, INC.

Notes to Financial Statements

June 30, 2011

(1) Summary of Significant Accounting Policies - (Cont.)

(c) Support and Expenses

Contributions received and unconditional promises to give are measured at their fair values and are reported as an increase in net assets. For the year ended June 30, 2011, Florida Keys Outreach Coalition, Inc. provided community support through the following programs:

- *HUD Funded Special Needs Assistance* - HUD funded transitional housing and support referral services for homeless intervention services. Support for this program is provided by Federal Funds.
- *Transitional Housing services* - Temporary housing for men and women recovering from substance abuse and/or mental health disorders. Support for this program is provided by Monroe County, Federal and State Funds, as well as client fees.
- *Emergency Shelter* - Temporary overnight shelter and showers for chronically homeless adults is fully funded by the City of Key West with in-kind property, labor and utility expenses provided by the Monroe County Sheriff's Office.

Expenses are recorded when incurred in accordance with the accrual basis of accounting.

(d) Assets Restricted to Investment in Property and Equipment and Leasehold Improvements

Assets restricted to Investment in Property and Equipment are capitalized at cost and include expenditures for improvements and betterments which substantially increase the useful lives of existing property and equipment. Depreciation is provided on the straight-line basis over the estimated useful lives of the assets and includes the amortization of assets recorded under capital leases. Items with values less than \$1,000 are expensed.

FLORIDA KEYS OUTREACH COALITION, INC.

Notes to Financial Statements

June 30, 2011

(1) Summary of Significant Accounting Policies - (Cont.)

(d) Assets Restricted to Investment in Property and Equipment and Leasehold Improvements - (Cont.)

Donations of property and equipment are recorded as support at their estimated fair value. Such donations are reported as unrestricted support unless the donor has restricted the donated asset to a specific purpose. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as restricted support.

Furniture and equipment are depreciated using the straight-line method over their useful lives. Leasehold improvements are being amortized over the shorter of the lease term or useful life.

(e) Grants and Contributions

Grants and contributions are recorded when earned or received by FKOC and are considered unrestricted as to Board of Director determination of use unless otherwise stated by the donor. Restricted grants, for specifically funded projects, are recognized as support to the extent that resources are utilized for the purposes specified by the donors. Any unexpended funds are recorded as deferred support.

(f) Revenues and Expenses

Interest income is recorded when earned. Expenses are recorded when incurred. Grants by FKOC to subrecipients are recorded as expense when approved or special conditions are met. Gift other than cash are recorded at their estimated fair value at the date of contribution.

FLORIDA KEYS OUTREACH COALITION, INC.

Notes to Financial Statements

June 30, 2011

(1) Summary of Significant Accounting Policies - (Cont.)

(g) Donated services, Materials and Facilities

FKOC receives donated services from a variety of unpaid volunteers. No amounts have been recognized in the financial statements. FKOC received approximately 13,592 hours from volunteers during fiscal 2011.

(h) Functional Allocation of Expenses

The cost of providing various programs and other activities has been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

(i) Income Taxes

FKOC was organized as a non-profit organization and has received exemption under the provisions of Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income taxes is provided for in the accompanying financial statements.

(j) Cash and Cash Equivalents

For purposes of the statement of cash flows cash and cash equivalents consists of cash in banks.

(k) Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

FLORIDA KEYS OUTREACH COALITION, INC.

Notes to Financial Statements

June 30, 2011

(1) Summary of Significant Accounting Policies - (Cont.)

(l) Allocation of Expenses

Certain common expenses which benefit more than one program are allocated based on estimated time of employees involved, percentages of assets utilized and to the extent permitted in funding source contracts.

(m) Allowance for Uncollectible Accounts

No allowance for uncollectible accounts was made for the year ended June 30th, 2011.

(n) Deferred Revenues

Grant revenues which have not been expended at the end of the fiscal year are recorded as deferred revenue until they are expended for the purpose of the grant, at which time they are recognized as revenues.

(o) Long-Lived Assets

FKOC reviews the carrying values of its long-lived assets for possible impairment whenever events or changes in circumstances indicate that the carrying amount of the assets may not be recoverable. No adjustment has been provided for in the financial statements.

p) Concentrations of Credit and Market risk

Financial instruments that potentially expose the organization to concentrations of credit and market risk consist primarily of cash equivalents. Cash and cash equivalents are maintained in a high quality financial institutions and credit exposure is limited at any one institution. The organization has not experienced any losses on its cash equivalents

FLORIDA KEYS OUTREACH COALITION, INC.

Notes to Financial Statements

June 30, 2011

(2) Property and Equipment

A summary of major classes of depreciable property at June 30, 2011 follows:

Land	\$ 130,000
Building and improvements	799,677
Furniture and equipment	63,334
Transportation Van	<u>47,071</u>
	1,040,082
Less accumulated Depreciation	<u>(262,356)</u>
	<u>\$ 777,726</u>

Depreciation expense amounted to \$19,800 for the year ended June 30, 2011. Equipment includes primarily furniture and fixtures and office equipment.

(3) Grants Receivable

Grants and contract receivables amounted to \$15,945 at June 30, 2011. These amounts represent billings for support earned prior to year end from grants and contracts received by FKOC.

(4) Lease Occupancy

Florida Keys Outreach Coalition, Inc. had entered into a lease agreement for the premises located at 3714 Flagler Avenue, Key West, Florida known as "The Sunshine House". The terms of the lease were as follows:

Base rent in the amount of \$53,568 per annum. The lease required that the tenant pay all other operating costs, known as a "triple net" lease. The lease expired and was renewed, on a month to month basis, and ended during the fiscal year 2001. Residential programs and office space are provided under a separate lease agreement with the Key West Housing Authority. The transitional housing and office space is located at the Poinciana Housing site in Key West. The term of the sublease is fifty (50) years unless the term is in conflict with the City Charter. In that event, the term of the

FLORIDA KEYS OUTREACH COALITION, INC.

Notes to Financial Statements

June 30, 2011

(4) Lease Occupancy - (Cont.)

lease is twenty (20) years. Annual rent expense is one dollar (\$1) per building, or four dollars (\$4) per year. These financial statements reflect the "in-kind" donation of approximately \$661,570 based on management estimates representing the fair market value of the transitional housing as provided by the Key West Housing Authority. In addition \$7,564 was incurred in rent expense related to the Department of Juvenile Justice Program.

(5) Summary of State and Local Awards

Monroe Board of County Commissioners - For the year ended June 30, 2011, Florida Keys Outreach Coalition, Inc. received a grant from Monroe Board of County Commissioners passed through the Human Services Advisory Board as additional funds used to provide for program operations and case management. A portion of this grant was recognized as revenue in fiscal 2010. The agreement does not require matching funds and Florida Keys Outreach Coalition, Inc. is reimbursed for the administrative costs. These funds are used towards the 25% match requirement from HUD.

Middle Keys Guidance Clinic - For the year ended June 30, 2011, Florida Keys Outreach Coalition, Inc. received from Middle Keys Guidance Clinic reimbursements for client local travel. Under the outreach program clients receive local monthly bus tickets. The Guidance Clinic would reimburse Florida Keys Outreach Coalition, Inc. at the rate of \$15.00 per ticket providing clients used the tickets a minimum of sixteen (16) times per month.

In February 2004, the Florida Keys Outreach Coalition entered into an agreement with the Middle Keys Guidance Clinic designated by the Community Transportation Coordinator (CTC) to reimburse the provider (FKOC) for transportation service trips in addition to the current allocation of local bus passes. The rate of reimbursement was set at \$5.70 per one-way trip, plus \$0.31 per mile in excess of 10 miles per one-way trip.

FLORIDA KEYS OUTREACH COALITION, INC.

Notes to Financial Statements

June 30, 2011

(6) Notes Payable

In February 2003, FKOC purchased a residential group home in Key West, Florida. The purchase was made from a non-affiliated non-profit organization. The purchase price was \$700,000. As part of the purchase, FKOC borrowed \$500,000 from a local bank. The loan carries an adjustable rate with interest at 4.25% at June 30, 2011. The note requires monthly payments of principal and interest in the amount of \$2,846.83. The loan matures on March 1st, 2033. Interest expense for fiscal 2011 amounted to \$21,019. The balance outstanding at June 30, 2011 is \$479,408 and accrued interest amounted to \$-0- at that date.

(7) Line of Credit

On June 30, 2007, FKOC entered into a \$100,000 line of credit agreement with a local bank. The line was renewed at Wall Street prime + 1%. 5% on July 1, 2010. The balance outstanding at June 30, 2011 amounted to \$-0- and interest expense amounted to \$-0- for 2011.

(8) Commitments and Contingencies

FKOC has received contracts as well as grant monies from various entities on a cost reimbursement basis, which were disbursed for specific purposes and are subject to audit by the granting agencies. Such audits may result in request for reimbursements due to disallowed expenditures. Based upon prior experience, FKOC does not believe that such disallowances, if any, would have a material effect on the financial position of the organization.

FLORIDA KEYS OUTREACH COALITION, INC.

Schedule of Financial Assistance
(Single Audit)

For the Year Ended June 30, 2011

<u>Program Title</u>	<u>Grant ID# CFDA #</u>	<u>Period Covered</u>	<u>Expenditure</u>
<u>Federal Awards:</u>			
U.S. Dept. of Housing and Urban Development. Special Needs Assistance Program for Sun Houses /25% match requirement.	FL 0274B4D040802 14.235	02-01-11 to 01-31-12	\$ 63,892
U.S. Dept. of Housing and Urban Development. Special Needs Assistance Program for Sun Houses /25% match requirement.	FL 0274B4D040802 14.235	02-01-10 to 01-31-11	104,517
Dept. of Children and Families Emergency Housing Grant #KF248. 100% match requirement.	14.231	03-04-11 to 06-30-12	16,357
Dept. of Children and Families Emergency Housing Grant #KF235. 100% match requirement.	14.231	02-02-10 to 06-30-11	124,518
Dept. of Children and Families. Challenge Grant # KFZ40 (Passed through Southernmost Homeless League aka SHAL, Inc.)	14.231	12-01-10 to 06-30-11	4,666
Total Federal Awards			<u>313,950</u>

FLORIDA KEYS OUTREACH COALITION, INC.

Schedule of Financial Assistance
(Single Audit)

For the Year Ended June 30, 2011

<u>Program Title</u>	<u>CFDA #</u>	<u>Period Covered</u>	<u>Expenditure</u>
<u>State and Local Awards:</u>			
Human Services Organization - Monroe County BOCC - Funds used toward HUD 25% match requirement.	-	10-01-09 to 09-30-10	8,742
Human Services Organization - Monroe County BOCC - Funds used toward HUD 25% match requirement.	-	10-01-10 to 09-30-11	30,000
Sheriff Asset Forfeiture Fund - Administered by Monroe County Sheriff's Dept. Substance Abuse Relapse Prevention. Funding from SAFF to be applied to meet 25% HUD match Requirement.	-	04-22-11 to 12-15-11	7,946

FLORIDA KEYS OUTREACH COALITION, INC.

Schedule of Financial Assistance
(Single Audit)

For the Year Ended June 30, 2011

<u>Program Title</u>	<u>CFDA #</u>	<u>Period Covered</u>	<u>Expenditure</u>
State and Local Awards - (Cont.):			
Guidance Clinic of Middle Keys Coordinator/Operator Contract Agreement Trip Reimbursement for Transportation of the Disadvantaged.	-	07-01-09 to 06-30-10	1,610
Guidance Clinic of Middle Keys Coordinator/Operator Contract Agreement Trip Reimbursement for Transportation of the Disadvantaged.	-	07-01-10 to 06-30-11	285
City of Key West Commission Keys Overnight Temporary Shelters. Management Agreement	-	10-01-10 to 09-30-11	257,666
City of Key West Commission Keys Overnight Temporary Shelters. Management Agreement	-	10-01-09 to 09-30-10	111,116

FLORIDA KEYS OUTREACH COALITION, INC.

Schedule of Financial Assistance
(Single Audit)

For the Year Ended June 30, 2011

<u>Program Title</u>	<u>CFDA #</u>	<u>Period Covered</u>	<u>Expenditure</u>
State and Local Awards - (Cont.):			
Guidance Clinic of Middle Keys. Coordinator/ Operator Contract Agreement. Buss Pass Reimbursement for Transportation Disadvantaged.	-	07-01-09 to 06-30-10	1,275
Total State/Local Awards			<u>418,640</u>
Total Federal, State and Local Awards			\$ <u>732,590</u>

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MEMBERS:
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INDEPENDENT AUDITORS' REPORT ON COMPLIANCE WITH
REQUIREMENTS APPLICABLE TO EACH MAJOR PROGRAM AND INTERNAL
CONTROL OVER COMPLIANCE IN ACCORDANCE
WITH OMB CIRCULAR A-133

To the Board of Directors of
Florida Keys Outreach Coalition, Inc.:

Compliance

We have audited the compliance of Florida Keys Outreach Coalition, Inc. ("FKOC") (a non-profit organization) with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement that are applicable to each of its major federal programs for the year ended June 30, 2011 and have issued our report thereon dated October 18, 2011. FKOC's major federal programs are identified in the accompanying schedule of federal and non-federal financial awards. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major federal programs is the responsibility of FKOC's management. Our responsibility is to express an opinion on the FKOC's compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; and OMB Circular A-133 Audits of States, Local Governments, and Non-Profit Organizations. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material

effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about FKOC's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination on Florida Keys Outreach Coalition, Inc.'s compliance with those requirements.

In our opinion, the Association complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal programs for the year ended June 30, 2011.

Internal Control Over Compliance

The management of FKOC is responsible for establishing and maintaining effective internal control over compliance with requirements of laws, regulations, contracts and grants applicable to federal programs. In planning and performing our audit, we considered FKOC's internal control over compliance with requirements that could have a direct and material effect on a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with OMB Circular A-133.

Our consideration of the internal control over compliance would not necessarily disclose all matters in the internal control that might be material weaknesses. A material weakness is a condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that noncompliance with applicable requirements of laws, regulations, contracts and grants that would be material in relation to a major federal program being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. We noted no matters involving the internal control over compliance and its operation that we consider to be material weaknesses.

This report is intended for the information of the FKOC's Board of Directors, management, and officials of applicable federal and state agencies. However, if this is a matter of public record, its distribution is not limited.

Smith, Burgin & Associates, LLC.

October 18, 2011

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MEMBERS:
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INDEPENDENT AUDITORS' REPORT ON COMPLIANCE AND ON INTERNAL CONTROL
OVER FINANCIAL REPORTING BASED ON AN AUDIT OF
FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE
WITH GOVERNMENT AUDITING STANDARDS

To the Board of Directors of
Florida Keys Outreach Coalition, Inc.:

We have audited the financial statements of Florida Keys Outreach Coalition, Inc., ("FKOC") (a non-profit organization) as of and for the year ended June 30, 2011 and have issued our report thereon dated October 18, 2011. We conducted our audit in accordance with generally accepted auditing standards and Government Auditing Standards, issued by the Comptroller General of the United States.

Compliance

As part of obtaining reasonable assurance about whether the Association's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grants, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance that are required to be reported under Government Auditing Standards.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered FKOC's internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinion on the financial statements and not to provide assurance on the internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of FKOC's internal control over reporting.

A control deficiency exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect misstatements on a timely basis. A significant deficiency is a control deficiency, or combination of control deficiencies, that adversely affects the entity's ability to initiate, authorize, record, process, or report financial data reliably in accordance with generally accepted accounting principles such that there is more than a remote likelihood that a misstatement of the entity's financial statements that is more than inconsequential will not be prevented or detected by the entity's internal control.

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that a material misstatement of the financial statements will not be prevented or detected by the entity's internal control.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

This report is intended for the information of FKOC's Board of Directors, management, and officials of applicable federal and state agencies. However, if this report is a matter of public record, its distribution is not limited.

Smith, Burgin & Associates, LLC.

October 18, 2011

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INDEPENDENT AUDITORS' REPORT ON COMPLIANCE AND INTERNAL CONTROL OVER
COMPLIANCE APPLICABLE TO EACH MAJOR FEDERAL AWARDS
PROGRAM AND STATE FINANCIAL ASSISTANCE PROJECT

To the Board of Directors of
Florida Keys Outreach Coalition, Inc.:

We have audited the compliance of Florida Keys Outreach Coalition, Inc. ("FKOC") (a non-profit organization) with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement and the requirements described in the Department of Financial Services State Projects Compliance Supplement that are applicable to each of its major federal programs and state financial assistance projects for the year ended June 30, 2011. FKOC's major federal programs and state financial assistance projects are identified in the summary of auditor's results sections of the accompanying Schedule of Findings and Questioned Costs. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major federal programs and state financial assistance projects is the responsibility of FKOC's management. Our responsibility is to express an opinion on FKOC's compliance based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; and OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations"; and Chapter 10.650 Rules of the Auditor General. Those standards, OMB Circular A-133, and Chapter 10.650 Rules of the Auditor General require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal award program or state financial assistance projects occurred. An audit includes examining, on a test basis, evidence about FKOC's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination on FKOC's compliance with those requirements.

In our opinion, FKOC complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal awards programs and state financial assistance projects for the year ended June 30, 2011.

Internal Control Over Compliance

The management of FKOC is responsible for establishing and maintaining effective internal control over compliance with requirements of laws, regulations, contracts and grants applicable to federal awards programs and state financial assistance projects. In planning and performing our audit, we considered FKOC internal control over compliance with requirements that could have a direct and material effect on a major federal award program or state financial assistance projects in order to determine our auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with OMB Circular A-133 and Chapter 10.650, Rules of the Auditor General.

Our consideration of the internal control over compliance would not necessarily disclose all matters in the internal control that might be material weaknesses. A material weakness is a condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that noncompliance with applicable requirements of laws, regulations, contracts and grants that would be material in relation to a major federal awards program or state financial assistance projects being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. We noted no matters involving the internal control over compliance and its operation that we consider to be material weaknesses.

This report is intended for the information of the management, others within the organization and federal and state awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

Smith, Burgin & Associates, LLC.

October 18, 2011

FLORIDA KEYS OUTREACH COALITION, INC.

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

YEAR ENDED JUNE 30, 2011

Section I – Summary of Auditor’s Results

Financial Statements

Type of auditor’s report issued:

Unqualified

Internal control over financial reporting:

Material weakness(es) identified?

_____ Yes X No

Reportable condition(s) identified that
are not considered to be material
weakness(es)?

_____ Yes X None Reported

Noncompliance material to financial
statements noted?

_____ Yes X No

Federal Awards

Internal control over major programs:

Material weakness(es) identified?

_____ Yes X No

Reportable condition(s) identified that
are not considered to be material
weakness(es)?

_____ Yes X None Reported

Noncompliance material to financial
statements noted?

_____ Yes X No

Type of auditor’s report issued on compliance:
for major programs:

Unqualified

Any audit findings disclosed that are required
to be reported in accordance with Section 510(a)
of Circular A-133?

_____ Yes X No

FLORIDA KEYS OUTREACH COALITION, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
YEAR ENDED JUNE 30, 2011

PAGE 2

Section I – Summary of Auditor’s Results – (Cont.)

Identification of major programs:

<u>CFDA Number(s)</u>	<u>Name of Federal Program or Cluster</u>
14.235	U.S. Dept. of Housing and Urban Development. Special Needs Assistance Program for Sun Houses.
14.235	U.S. Dept. of Housing and Urban Development. Special Needs Assistance Program for Sun Houses.
14.231	Dept. of Children and Families Emergency Housing Grant # KF136.

Dollar threshold used to distinguish
between type A and type B programs:

\$ 300,000

Auditee qualified as low risk auditee?

 X Yes No

Section II – Financial Statements Findings

We noted no material or reportable conditions.

Section III – Federal Award Findings and Questioned Costs

We noted no material or reportable conditions.

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning **07/01/10** and ending **06/30/11**

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
FLORIDA KEYS OUTREACH COALITION, INC
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 4767
 City or town, state or country, and ZIP + 4
KEY WEST FL 33041

D Employer identification number
65-0409898

E Telephone number
305-293-0641

G Gross receipts \$ **1,800,727**

F Name and address of principal officer:
SAMUEL J. KAUFMAN, CHAIRMAN
1509 JOSEPHINE STREET
KEY WEST FL 33040

H(a) Is this a group return for affiliates? ☐ Yes ☒ No
 H(b) Are all affiliates included? ☐ Yes ☐ No
 If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: **WWW.FKOC.ORG**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: **1992**

M State of legal domicile: **FL**

H(c) Group exemption number ▶

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
The mission of the FKOC is to provide homeless individuals and families with the resources and opportunities by which to attain residential, financial and personal stability and self-sufficiency.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) **3**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4**

5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) **5**

6 Total number of volunteers (estimate if necessary) **6**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a**

7b Net unrelated business taxable income from Form 990-T, line 34 **0**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,633,706	1,800,196
9 Program service revenue (Part VIII, line 2g)		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	985	531
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,634,691	1,800,727
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	730,425	715,639
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,949		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	958,174	987,645
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,688,599	1,703,284
19 Revenue less expenses. Subtract line 18 from line 12	-53,908	97,443
20 Total assets (Part X, line 16)	919,319	1,004,619
21 Total liabilities (Part X, line 26)	515,126	502,983
22 Net assets or fund balances. Subtract line 21 from line 20	404,193	501,636

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here **STEPHEN BRADDOCK PHD** **PRESIDENT & CEO** **12-27-11**
 Signature of officer Date
 Type or print name and title

Paid Print/Type preparer's name Preparer's signature Date Check ☐ if PTIN
12/15/11 self-employed

Preparer Use Only Firm's name ▶ **Smith, Buzzi & Associates, LLC** Firm's EIN ▶ **80-0631935**
 2103 Coral Way Suite 305
 Firm's address ▶ **Miami, FL 33145** Phone no. **305-285-2300**

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

Form 990 (2010) **FLORIDA KEYS OUTREACH COALITION, INC** 55-0409898

Page 2

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒

1 Briefly describe the organization's mission:

The mission of the FKOC is to provide homeless individuals and families with the resources and opportunitie by which to attain residential, financial and personal stability and self-sufficiency.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,242,481 including grants of \$ 394,810) (Revenue \$ 1,006,492)
 The FKOC provides transitional housing and supportive services for homeless individuals and families recovering from homelessness and the underlying causes of homelessness in a safe and nuturing environment. FKOC operates five programs tailored for men, women, and children, veterans, the mental ill, alcohol and substance abuse, victims of domestic violence and HIV+ individuals. Two hundred and sixty five (265) homeless men, women and children entered the FKOC housing program during 2011. 89% of the population served exited the program into permanent housing; 69% were gainfully employed with increased skills at the time of program exit. 91% of the population served were Monroe County residents. 100% of adult clients received extensive case management, support group and life skills

4b (Code:) (Expenses \$ 368,782 including grants of \$ 325,401) (Revenue \$ 50,000)
 FKOC operates a 126 bed emergency shelter and shower program for the chronically homeless population. FKOC served 1036 unduplicated adults throughout FY 2011 consisting of 848 male, 188 female, 133 veterans, 60 over the age of 62 years and 335 chronically homeless.

4c (Code:) (Expenses \$ 15,666 including grants of \$ 11,262) (Revenue \$ 12,762)
 The FKOC operates the Loaves and Fish Food Pantry. The food pantry provide homeless and needy with emergency groceries, personal care items and disposable diapers. A second distribution site was established at St. Peter's Episcopal Church to enhance accessibility to those without transportation. Approximately 5,572 meals were distributed from the Loave and Fish Food Pantry during FY 2011 serving 1,229 individuals and familie The FKOC Outreach Office provides information and referrals to "Walk In" and via a toll free telephone number. 1,500 contacts during 2011 offered information and referrals to mental health facilities, shelters, medical services, food programs, transportation and main stream benefits. In partnership with the State of Florida and Department of Children and

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 1,626,929

Form 990 (2010) **FLORIDA KEYS OUTREACH COALITION, INC 5-0409898**

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)		<input checked="" type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Form 990 (2010) **FLORIDA KEYS OUTREACH COALITION, INC 5-0409898**

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Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

☐ Yes ☒ No

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2010) **FLORIDA KEYS OUTREACH COALITION, INC** 5-0409898Page **6****Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI ☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	
b Enter the number of voting members included in line 1a, above, who are independent	1b	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **None**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **GINA PECORA** **5503 COLLEGE ROAD, SUITE # 211**

KEY WEST**FL 33040****305-293-0641**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SAMUEL KAUFMAN CHAIRMAN	ESQ 1.00	X		X				0	0	0
(2) DOUGLAS BRADSHAW DIRECTOR	1.00	X		X				0	0	0
(3) JOHN SANGSTON TREASURER	1.00	X		X				0	0	0
(4) JIMMY WEEKLEY VICE-CHAIR	1.00	X		X				0	0	0
(5) PAUL CLAYTON DIRECTOR	1.00	X						0	0	0
(6) REV RANDOLPH BECKER DIRECTOR	1.00	X						0	0	0
(7) ERIC NICHOLS DIRECTOR	1.00	X						0	0	0
(8) JENNIE WOLF DIRECTOR	1.00	X						0	0	0
(9) REV SARAH FOWLER DIRECTOR	1.00	X						0	0	0
(10) DR. LAWRENCE L SCHENK SECRETARY	1.00	X		X				0	0	0
(11) RONALD ROBERTS DIRECTOR	1.00	X						0	0	0
(12) DR. ROSE CHAN DIRECTOR	1.00	X						0	0	0
(13) WILLIAM MALPASS DIRECTOR	1.00	X						0	0	0
(14) NIELS HUBBELL DIRECTOR	1.00	X						0	0	0
(15) STEPHEN E BRADDOCK PH.D. PRESIDENT	40.00			X				88,200	0	0
(16) GINA R PECORA DEP DIRECTOR	40.00			X				59,560	0	0

Form 990 (2010) **FLORIDA KEYS OUTREACH COALITION, INC** 55-0409898Page **8****Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total							147,760			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							147,760			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Form 990 (2010) **FLORIDA KEYS OUTREACH COALITION, INC** 65-0409898Page **9****Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants, and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	838,442			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	961,754			
	g Noncash contributions included in lines 1a-1f: \$		661,570			
	h Total. Add lines 1a-1f		1,800,196			
Program Service Revenue	Busn. Code					
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		531	531		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real (ii) Personal				
	6a Gross Rents					
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		1,800,727	531	0	0	

Form **990** (2010)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	545,050	525,781	19,269	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	114,107	110,073	4,034	
10 Payroll taxes	56,482	54,415	2,067	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	4,481	4,481		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	7,949			7,949
13 Office expenses	7,307		7,307	
14 Information technology				
15 Royalties				
16 Occupancy	7,556	7,556		
17 Travel	3,805		3,805	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,273		3,273	
20 Interest	21,019	21,019		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,800		19,800	
23 Insurance	26,360	26,360		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a DONATED FACILITIES	661,570	661,570		
b UTILITIES	86,886	86,886		
c EMERGENCY SHELTER OPER.	46,981	46,981		
d OUTREACH INITIATIVES	15,666	15,666		
e TELEPHONE EXPENSES	13,422	13,422		
f All other expenses	61,570	52,719	8,851	
25 Total functional expenses. Add lines 1 through 24f	1,703,284	1,626,929	68,406	7,949
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	130,600	1	198,372
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	14,754	3	14,754
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	14,738	9	13,767
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,040,082		
	b Less: accumulated depreciation	10b 262,356	759,227	10c 777,726
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	919,319	16	1,004,619	
Liabilities	17 Accounts payable and accrued expenses	22,522	17	23,575
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	492,604	23	479,408
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	515,126	26	502,983
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	709,963	27	727,262
	28 Temporarily restricted net assets	-355,034	28	-276,090
	29 Permanently restricted net assets	49,264	29	50,464
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	404,193	33	501,636
	34 Total liabilities and net assets/fund balances	919,319	34	1,004,619

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,800,727
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,703,284
3	Revenue less expenses. Subtract line 2 from line 1	3	97,443
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	404,193
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	501,636

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010Open to Public
Inspection

Name of the organization

FLORIDA KEYS OUTREACH COALITION, INCEmployer identification number
65-0409898**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? ☐
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 **FLORIDA KEYS OUTREACH COALITION, INC** 55-0409898

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,266,428	1,278,370	1,105,438	972,136	1,138,629	5,761,001
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	642,301	661,570	661,570	661,570	661,570	3,288,581
4 Total. Add lines 1 through 3	1,908,729	1,939,940	1,767,008	1,633,706	1,800,199	9,049,582
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						9,049,582

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1,908,729	1,939,940	1,767,008	1,633,706	1,800,199	9,049,582
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,307	1,081	2,189	985	528	6,090
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						9,055,672
12 Gross receipts from related activities, etc. (see instructions)					12	531
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	99.93 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.93 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part I. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Part II, Line 10 - Other Income Detail

Other income \$ 0

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010Open to Public
Inspection

Name of the organization

Employer identification number

FLORIDA KEYS OUTREACH COALITION, INC**65-0409898****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

Schedule D (Form 990) 2010 **FLORIDA KEYS OUTREACH COALITION, INC** 5-0409898Page **2****Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibitionb ☐ Scholarly researchc ☐ Preservation for future generationsd ☐ Loan or exchange programse ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ %

b Permanent endowment ▶ %

c Term endowment ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

	Yes	No
3a(i)		
3a(ii)		
3b		

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,040,082	262,356	777,726
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				777,726

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010 **FLORIDA KEYS OUTREACH COALITION, INC** 65-0409898Page **3****Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Schedule D (Form 990) 2010 **FLORIDA KEYS OUTREACH COALITION, INC** 55-0409898Page **4****Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2010 **FLORIDA KEYS OUTREACH COALITION, INC** 55-0409898
Part XIV Supplemental Information (continued)

Page **5**

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**Noncash Contributions**

- Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No. 1545-0047

2010**Open To Public
Inspection**

Name of the organization

FLORIDA KEYS OUTREACH COALITION, INCEmployer identification number
65-0409898**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential	X	1	661,570	
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (.....				
26 Other ► (.....				
27 Other ► (.....				
28 Other ► (.....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

Yes No

30a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31		X

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		X

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

FLORIDA KEYS OUTREACH COALITION, INC

Employer identification number
65-0409898

Form 990, Part III, Line 4a - First Achievement

training to include anti-drug abuse prevention and awareness skills
training.

Form 990, Part III, Line 4c - Third Achievement

Families, the FKOC adopted "ACCESS" (Automated Community Connection to
Economic Self Sufficiency), further enhancing on site availability of
Florida Public Assistance Programs to anyone in need.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The 990 is reviewed and approved for filing by the Executive Committee and
ratified by the full governing board.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Signed upon election to Board of Directors and recommitted annually.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

Comparative data assimilated and reviewed annually by the Board's Executive
Committee

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Governing documents, conflict of interest policy and financial statements
are made available to public upon request.

S
0 / 990-PF

Mortgages and Other Notes Payable

For calendar year 2010, or tax year beginning 07/01/10, and ending 06/30/11

2010

FLORIDA KEYS OUTREACH COALITION, INC

Employer Identification Number

65-0409898

Form 990, Part X, Line 23 - Additional Information

(1)	Name of lender	Relationship to disqualified person
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

(1)	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

(1)	Security provided by borrower	Purpose of loan
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

(1)	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(2)		492,604	479,408
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals		492,604	479,408

Part II

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Rev. Stephen E. Braddock, Ph.D.
President & CEO
(T) 305-293-8189 (F) 305-293-8276
FrBraddock@cs.com



Post Office Box 4767, Key West, Florida 33041-4767
WWW.FKOC.ORG

Gina Pecora
Deputy Director
(T) 305-295-7741 (F) 305-293-8276
fkoc4homeless@cs.com

HSAB Attachment "I"

FKOC Client Fee Schedule as of 7/1/12:

Men's Program Fees

William M. Neece Center for Homeless Recovery	85.00 per week
Sunshine House	115.00 per week
Sunrich House	150.00 per week

Women's Program Fees

Sunflower Program	125.00 per week
Sunlight Program	115.00 per week

*No Fees for Children



GreenNonprofits
CERTIFIED

Outreach/Admissions/Food Pantry
(T) 1-800-528-6595 / 305-295-7580

Men's Transitional Housing
(T) 305-294-0304
fkocmen@cs.com

Women's Transitional Housing
(T) 305-294-0304
fkocwomen@comcast.net

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
C - 1130
ATLANTA, GA 30301

DEPARTMENT OF THE TREASURY

Date: JUN 10 1993

FLORIDA KEYS OUTREACH COALITION INC
PO BOX 4767 901 FLAGLER AVENUE
KEY WEST, FL 33041

Employer Identification Number:
65-0409898

Contact Person:
ROBERTA VAN METER

Contact Telephone Number:
(404) 331-0185

Accounting Period Ending:
December 31

Form 990 Required:
Yes

Addendum Applies:
Yes

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(2).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(2) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(2) organization.

FLORIDA KEYS OUTREACH COALITION INC

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of Code sections 2055, 2106, and 2522.

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

This determination is based on evidence that your funds are dedicated to the purposes listed in section 501(c)(3) of the Code. To assure your continued exemption, you should maintain records to show that funds are expended only for those purposes. If you distribute funds to other organizations, your records should show whether they are exempt under

FLORIDA KEYS OUTREACH COALITION INC

section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), there should be evidence that the funds will remain dedicated to the required purposes and that they will be used for those purposes by the recipient.

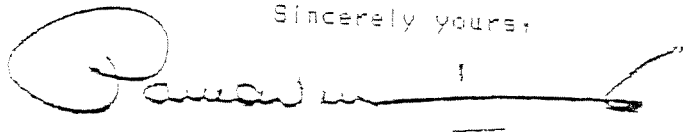
If distributions are made to individuals, case histories regarding the recipients should be kept showing names, addresses, purposes of awards, manner of selection, relationship (if any) to members, officers, trustees or donors of funds to you, so that any and all distributions made to individuals can be substantiated upon request by the Internal Revenue Service. (Revenue Ruling 56-304, C.B. 1956-2, page 306.)

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



Paul Williams
District Director

Enclosure(s):
Addendum

FLORIDA KEYS OUTREACH COALITION INC

You are required to make your annual return available for public inspection for three years after the return is due. You are also required to make available a copy of your exemption application, and supporting documents, and this exemption letter. Failure to make these documents available for public inspection may subject you to a penalty of \$10 per day for each day there is failure to comply (up to a maximum of \$5,000 in the case of an annual return). See Internal Revenue Service Notice 88-120, 1988-2 C.B. 454, for additional information.

If your organization conducts fund-raising events such as benefit dinners, auctions, membership drives, etc., where something of value is received in return for contributions, you can help your donors avoid difficulties with their income tax returns by assisting them in determining the proper tax treatment of their contributions. To do this you should, in advance of the event, determine the fair market value of the benefit received and state it in your fund-raising materials such as solicitations, tickets, and receipts in such a way that your donors can determine how much is deductible and how much is not. To assist you in this, the Service has issued Publication 1391, Deductibility of Payments Made to Charities Conducting Fund-Raising Events. You may obtain copies of Publication 1391 from your local IRS Office. Guidelines for deductible amounts are also set forth in Revenue Ruling 67-246, 1967-2 C.B. 104 and Revenue Procedure 90-12, 1990-1 C.B. 471 and Revenue Procedure 92-49, 1992-26 I.R.B. 18.



GUIDESTAR

Category: Housing



FLORIDA KEYS
OUTREACH
COALITION INC

Key West, FL

GUIDESTAR QUICK VIEW *Everything you
need to know...*

Print Report

Like

Tweet 0

FLORIDA KEYS OUTREACH COALITION INC

Physical Address: Key West, FL
33041 4767

EIN: 65-0409898

Web URL: www.FKOC.org

Leadership: Rev./Dr. Stephen
E. Braddock,
Ph.D., Chief
Executive



GuideStar Seal

Committed to
transparency

Registered with IRS

Legitimacy
information is
available

Financial Data

Annual Revenue
and Expense data
reported

Forms 990

2011, 2010, and
2009 Forms 990
filed with the IRS

Mission Objectives

Mission Statement
is available

Impact Statement

Impact Statement
is *not* availableNo Personal
Reviews available
[Summary](#)
[Financials](#)
[Forms
990 &
Docs](#)
[People](#)
[Program
& Help](#)
[News](#)

Legitimacy Information

- This organization is registered with the IRS.
- This organization is required to file an IRS Form 990 or 990-EZ.

Institutional funders should note that an organization's inclusion on GuideStar.org does not satisfy IRS Rev. Proc. 2011-33 for identifying supporting organizations.

Learn more about GuideStar Charity Check, the only pre-grant due diligence tool that is 100% compliant with IRS Rev. Proc 2011-33.

Forms 990 from IRS

Login or register to view Forms 990 for 2011, 2010, and 2009.

[Subscribe Now](#)

Annual Revenue & Expenses

Total Revenue

Total Expenses

Revenue

Total Revenue \$1,769,197

Expenses

Total Expenses \$1,790,099

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Basic Organization Information

FLORIDA KEYS OUTREACH COALITION INC

Physical Address: Key West, FL 33041 4767
 65-0409898
 EIN: www.FKOC.org
 Web URL: L Housing, Shelter
 NTEE Category: L41 Temporary Shelter For the Homeless
 P Human Services
 P85 Homeless Services/Centers
 Year Founded: 1992
 Ruling Year: 1993

Login or register to see this organization's full address, contact information, and more!

Mission Statement

Our Mission is to provide homeless individuals and families with the resources and opportunities by which to attain residential, financial and personal stability and self-sufficiency. The FKOC further seeks to address the underlying causes of homelessness and work toward its elimination in Monroe County, Florida.

Our Vision is to be a model human service organization dedicated to eradicating homelessness by empowering individuals and families to grow toward reaching their full potential.

FKOC takes **CARE** to incorporate the following **Core Values** in all of our work:

Collaboration:

We believe that effective communication, cooperation and teamwork, improves the quality of our work and the outcomes of those we serve.

Accountability:

We are committed to consistently improve, expand and strengthen the quality, efficacy and cost-effectiveness of our programs as we build for the future and contribute toward the betterment of our community.

Respect:

We value the diversity and uniqueness of the individual and believe in everyone's innate dignity and worth.

Report Powered By:



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Empowerment:

We are committed to helping homeless people to "begin again" and overcome their homelessness and its underlying causes by providing them with opportunities, resources and support within a safe environment and community of hope.

* We are committed to living out our core values in all our interactions with our clients, each other and the community.

Expert Reviews

There are no Expert Reviews for this organization. Learn more about TakeAction@GuideStar.

Impact Statement

This organization has not provided an impact statement.

Personal Reviews

FLORIDA KEYS OUTREACH COALITION INC does not have review writing capability at this time.

Powered by *GREAT* Nonprofits

**2011 / 2012
MONROE COUNTY BUSINESS TAX RECEIPT
EXPIRES SEPTEMBER 30, 2012**

RECEIPT# 47161-67713

Business Name: FLORIDA KEYS OUTREACH COALITION INC

Owner Name: FLORIDA KEYS OUTREACH COALITION INC Business Location: 3154 NORTHSIDE DR 2ND FLOOR
Mailing Address: PO BOX 4767 KEY WEST, FL 33040

KEY WEST, FL 33041

Business Phone: 305-293-0641

Business Type: MISCELLANEOUS SERVICE (SERVICES FOR HOMELESS)

Rooms

Seats

Employees

Machines

Stalls

5

		Number of Machines:		For Vending Business Only			Vending Type:	
Tax Amount	Transfer Fee	Sub-Total	Penalty	Prior Years	Collection Cost	Total Paid		
0.00	0.00	0.00	0.00	0.00	0.00	0.00		

Paid 103-11-00001108 01/30/2012 0.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT
WHEN VALIDATED

Danise D. Henriquez, CFC, Tax Collector
PO Box 1129, Key West, FL 33041

THIS IS ONLY A TAX.
YOU MUST MEET ALL
COUNTY AND/OR
MUNICIPALITY PLANNING
AND ZONING REQUIREMENTS.

HSAB Attachment "O"

FKOC reserves the right to change, suspend, or eliminate this document at its sole discretion and without prior notice. Where State and/or local laws contain mandatory requirements that differ from provisions of this document, such legal requirements will prevail.

(PER) 1.04 EQUAL EMPLOYMENT OPPORTUNITY. FKOC is an equal employment opportunity employer and does not discriminate against any person because of race, color, creed, religion, sex, national origin, handicap, disability, marital status, age or any other characteristic protected by law. This nondiscrimination policy will apply to all employment actions such as promotions, compensation, benefits and termination of employment. The company also reasonably accommodates individuals with handicaps, disabilities and bona fide religious beliefs.

(PER) 1.05 IMMIGRATION AND EMPLOYMENT ELIGIBILITY. In compliance with the Immigration Reform and Control Act of 1986, FKOC will hire only those individuals who are authorized to work in the United States. All individuals will be required to submit documented proof of their identity and employment and Naturalization Service Form I-9. Form I-9 requires you to attest that you are authorized to work in the job for which you are hired and that the documents you submit are genuine.

(PER) 1.06 AMERICAN WITH DISABILITIES ACT (ADA). FKOC does comply with the American with Disabilities Act of 1990. The law prohibits from discriminating against a qualified individual with a disability in regard to job applications, hiring advancement, discharge, compensation, training, or other terms, conditions, or privileges of employment. An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major activities, a person who has a history of record of such impairment, or a person who is perceived by others as having such impairment. The FKOC will provide qualified individuals with disabilities an equal opportunity to benefit from the full range of employment-related opportunities available and will make reasonable accommodation to the known physical or mental limitations of

otherwise qualified individuals with disabilities unless it results in undue hardship and/or would fundamentally alter the nature of the service, program or activity being provided. Employees of FKOC shall attest in writing that they are familiar with the requirements of Section 504 of the Rehabilitation Act of 1973, 29 U.S.C 794 and the Americans with Disabilities Act of 1990, 42 U.S.C. 12131. This attestation shall be maintained in the employee's personnel file.



**State of Florida
Department of Children and Families**

HSAB Attachment "P"

Rick Scott
Governor

David E. Wilkins
Secretary

February 17, 2012

Reverend Stephen Braddock
Florida Keys Outreach Coalition, Inc.
PO Box 4767
Key West, FL 33041

Dear Steve:

This is to confirm that the Department of Children and Families did award a 2009 Emergency Shelter Grant to Florida Keys Outreach Coalition, Inc. which resulted in ESG grant agreement KFZ35. The term of this agreement was from February 2, 2010 through March 31, 2011.

Florida Keys Outreach Coalition did fully expend this grant and was in compliance with its terms and conditions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Theresa Phelan'. The signature is fluid and cursive, with the first name 'Theresa' being more prominent than the last name 'Phelan'.

Theresa Phelan
Grant Manager

Circuit 16
1111 12th Street, Key West, Florida 33040

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and
Advance Personal and Family Recovery and Resiliency

MONDAY, APRIL 16, 2012

HUD.GOV

U.S. Department of Housing and Urban Development

Secretary Shaun Donovan

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Now viewing data for: FL-604 - Monroe County CoC

[Home](#)
[AHAR](#) [PULSE](#) [Messages](#) [Reports](#) [HDX Admin](#)
[Point-in-Time \(PIT\)](#) [PIT Counts](#) [Reporting Status](#)
PIT Counts

Date of PIT Count

4/16/2012

Populations in this Count

- ☒ Sheltered and Unsheltered Count
☐ Sheltered-Only Count
☐ Unsheltered-Only Count

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Homeless Populations Homeless Subpopulations Notes

Chronically Homeless and Veteran Subpopulations^a

(Veteran and Chronically Homeless subpopulation data is required for Unsheltered persons in odd years)

Sheltered**Unsheltered**

Emergency Shelters

Safe Havens

Chronically Homeless Individuals^b

54

0

172

Chronically Homeless Families

3

32

(Total Persons in Household)^c**Sheltered****Unsheltered**

Veterans in emergency shelters, transitional housing and safe havens

Veterans

56

40

Other Homeless Subpopulations^{d, e}**Sheltered****Unsheltered**

(Other Homeless subpopulation data is

Persons in emergency shelters, transitional housing and safe havens

*required for sheltered
persons and optional for
unsheltered persons)*

Severely Mentally Ill	54	186	240
Chronic Substance Abuse	79	174	253
Persons with HIV/AIDS	2	17	19
Victims of Domestic Violence	26		26
Unaccompanied Child (Under 18)	15		15

Help

- The unsheltered point-in-time (PIT) count section should be completed only if you completed an unsheltered count in 2012.
- Enter the number of sheltered and unsheltered adults who belong in each subpopulation category.
- As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January.
- Only adults should be included in the counts for this chart, except for chronic homeless families and Unaccompanied Children (those under age 18) category.
- Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of chronically homeless individuals, chronically homeless families and veterans.

^aDo not count persons residing in transitional housing as chronically homeless.

^bAn unaccompanied homeless adult individual (persons 18 years or older) with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter/safe haven during that time. Disabling condition is defined as "a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions." Persons under the age of 18 are not counted as chronically homeless individuals.

^cA family with at least one adult member (persons 18 or older) who has a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter/safe haven during that time. Disabling condition is defined as "a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions."

^dSubpopulation rows only pertain to adults, with the exception of unaccompanied child row.

^eCount persons in emergency shelters, transitional housing and safe havens in the sheltered count.

HSAB Attachment "R"

FLORIDA KEYS OUTREACH COALITION, INC. Annual Programs Summary 2011

FKOC is the County's largest provider of shelter and supportive services for homeless individuals and families. FKOC provides the resources and opportunities by which to attain residential, financial and personal stability and self-sufficiency; and further seeks to address the causes of homelessness and work toward its elimination in Monroe County, Florida.

Two hundred sixty-five (265) homeless men, women and children entered the FKOC transitional housing program during FY2011; 16% were children; 20% women and 64% men. Eighty-eight percent (88%) of the population served exited the program into permanent housing; 69% were gainfully employed at program exit. Ninety-one percent (91%) of individuals served were Monroe County residents.

Twenty-two client residents entered the FKOC program directly from a corrections facility; thirty-four individuals were involved with the criminal justice system at some level. Seventy-one (26%) entered the program directly from an emergency shelter; twenty-seven (10%) transferred directly from a detox or substance abuse program; thirty (11%) were living with family or friends; twelve entered from rental units; one individual transferred directly from Baptist Miami Hospital.

One-hundred percent (100%) adult clients received extensive case management, an individualized plan of action and assessment for eligibility of mainstream benefits; 100% adult clients attended support groups and life skills training; 100% adult clients participated in the anti drug abuse program and were monitored for alcohol and /or substance abuse.

The homeless prenatal program was launched in November 2011 as a partnership between FKOC and the Florida Keys Healthy Start Coalition to provide 24-homeless pregnant women with housing and supportive services during the last two months of pregnancy and for three months post delivery. Five (5) healthy newborns have been born since the launching of the prenatal program.

In collaboration with the City of Key West, FKOC managed the Keys Overnight Temporary Shelter (KOTS) through September 30, 2011. The KOTS, providing emergency shelter, showers and outreach intervention for the chronically homeless, served 1,036 unduplicated adults consisting of 848 male; 188 female; 133 veterans; 60 over the age of 62; and 335 chronic by HUD definition. Onsite services included outreach and referral, AA/NA support groups, health screening, flu shots, life skills, educational classes, English as a second language and spiritual programs.

The Loaves and Fish Food Pantry, in collaboration with St. Peter's Episcopal Church, provided needy individuals and families with non-perishable food, disposable diapers, and personal care items. Approximately 5,572 meals were distributed directly from the Loaves & Fish Food Pantry throughout 2011 serving 1,229 individuals and families.

Florida Keys Outreach Coalition, Inc.
Annual Program Summary Report 2011

The FKOC Outreach Office provides information and referrals to “walk-in” and via a toll free telephone number. Approximately 1,500 contacts during FY2011 provided information and referrals to mental health facilities, shelters, medical services, food programs, mainstream benefits, transportation assistance, etc. Food Pantry and outreach/referral office hours of operation are Monday through Friday, 9am – 4pm.

Program data requirements are strictly defined and monitored by the United States Department of Urban Development (HUD) and the Florida State Office on Homelessness under the Department of Children and Families. FKOC participates in Monroe County’s Homeless Management Information System (HMIS) and utilizes HMIS, as well as case management records to collect and evaluate data.